



*YOUR ADDRESS OF RECORD IS PUBLIC INFORMATION AND WILL BE RELEASED UPON REQUEST AND MAY BE PLACED ON THE INTERNET.

13. LIST OF PLACE(S) WHERE FUNCTIONS WILL BE PERFORMED:

NAME:

COMPLETE ADDRESS:

_____	_____
_____	_____
_____	_____
_____	_____

14. SUPERVISION:

_____ THE RPE WILL BE WORKING FULL TIME (30-40 HOURS PER WEEK) AND I AGREE TO PROVIDE EIGHT (8) HOURS A MONTH DIRECT SUPERVISION. FOUR (4) OF THE EIGHT HOURS (8) WILL BE IN SCREENING, THERAPY AND EVALUATION.

_____ THE RPE WILL BE WORKING PART TIME (15-29 HOURS PER WEEK) AND I AGREE TO PROVIDE FOUR (4) HOURS A MONTH DIRECT SUPERVISION. TWO (2) OF THE FOUR (4) HOURS WILL BE IN SCREENING, THERAPY AND EVALUATION.

15. THE FOLLOWING SPEECH-LANGUAGE PATHOLOGY/AUDIOLOGY APPLICANTS, CURRENTLY HOLDING A TEMPORARY LICENSE WITH THE BOARD, ARE OBTAINING THEIR RPE WORKING UNDER MY SUPERVISION:

_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		
_____	AUDIOLOGY _____	SPEECH-LANGUAGE PATHOLOGY _____
RPE EMPLOYEE		

I, THE RPE APPLICANT, HAVE DISCUSSED THE PLAN FOR SUPERVISION WITH THIS SUPERVISOR (NAMED ON REVERSE SIDE) AND AGREE TO ITS IMPLEMENTATION. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART A ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY TEMPORARY LICENSE.

APPLICANT'S SIGNATURE _____ DATE SIGNED _____
(SIGNATURE MUST BE IN BLUE INK)

I, THE RPE SUPERVISOR, HAVE DISCUSSED THE PLAN FOR SUPERVISION (AS DESCRIBED IN PART B ON REVERSE SIDE) WITH THE RPE APPLICANT AND HEREBY ACCEPT PROFESSIONAL AND ETHICAL RESPONSIBILITY FOR HIS OR HER PERFORMANCE. I FURTHER CERTIFY UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT ALL STATEMENTS MADE IN PART B ARE TRUE. ANY MISREPRESENTATION MAY BE CAUSE FOR DENIAL OF MY LICENSE.

SUPERVISOR'S SIGNATURE _____ DATE SIGNED _____
(SIGNATURE MUST BE IN BLUE INK)

NOTE: Business and Professions Code Section 2532.2(d) requires that the RPE plan must be approved by the Board before employment may begin.